

## COMBINED DECLARATION/POWER OF ATTORNEY FOR UTILITY/DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DISPLAY CONTROL SYSTEM CAUSING IMAGE ON DISPLAY SCREEN TO DISAPPEAR AND REAPPEAR IN A  
FRIENDLY MANNER TO USER

the specification of which (check one) ☒ is attached hereto ☐ was filed on \_\_\_\_\_  
as U.S. Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in §1.56. I hereby claim foreign priority benefit(s) under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

## Priority Claimed

|                             |           |                      |   |                              |
|-----------------------------|-----------|----------------------|---|------------------------------|
| Pat. Appln.<br>No. 7-304036 | Japan     | 22/November/1995     | <input checked="" type="checkbox"/> [X] | <input type="checkbox"/> [ ] |
| (Number)                    | (Country) | Day/Month/Year Filed | Yes                                     | No                           |
| _____                       | _____     | _____                | <input type="checkbox"/> [ ]            | <input type="checkbox"/> [ ] |
| (Number)                    | (Country) | Day/Month/Year Filed | Yes                                     | No                           |

I hereby claim the benefit under 35 U.S.C. §120 of any U.S. application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, and I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

|                          |               |  |
|--------------------------|---------------|--|
| (Application Serial No.) | (Filing Date) | (Status: patented, pending, abandoned) |
| _____                    | _____         | _____                                  |
| (Application Serial No.) | (Filing Date) | (Status: patented, pending, abandoned) |
| _____                    | _____         | _____                                  |

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorneys and agent: James D. Halsey, Jr., 22,729; Harry John Staas, 22,010; David M. Pitcher, 25,908; Gene W. Stockman, 21,021; John C. Garvey, 28,607; J. Randall Beckers, 30,358; James H. Marsh, Jr., 24,533; William F. Herbert, 31,024; Richard A. Gollhofer, 31,106; Carla M. Krivak, 30,956; Paul F. Daebele, 35,852; Mark J. Henry, 36,162; Gene M. Garner, 11, 34,172; Ilene D. Altman, 36,371; Michael D. Stein, 37,240; Paul I. Kravetz, 35,230; Gerald P. Joyce III, 37,646; Stephen W. Barnes, P-38,037; Debra Kolc Stephens, P-38,211 and William M. Schertler, 35,348 (agent) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Send correspondence to: STAAS & HALSEY, 700 Eleventh Street, N.W., Suite 500, Washington, D.C., 20001, and direct telephone calls to: (202) 434-1500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Toru Okawa

Inventor's Signature Toru Okawa Date October 22, 1996

Residence Kawasaki-shi, Kanagawa, Japan

Citizenship Japan

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Kanagawa, 211 Japan

Full name of second joint inventor, if any Ryuichi Matsukura

Second Inventor's Signature Ryuichi Matsukura Date October 22, 1996

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## COMBINED DECLARATION/POWER OF ATTORNEY FOR UTILITY/DESIGN PATENT APPLICATION

Full name of third joint inventor, if any Yasuo SatoInventor's Signature 佐藤 泰雄 Date October 22, 1996Residence Kawasaki-shi, Kanagawa, JapanCitizenship JapanPost Office Address c/o FUJITSU LIMITED, 1-1, Kamikodanaka 4-chome, Nakahara-ku, Kawasaki-shi,  
Kanagawa, 211 Japan

Full name fourth joint, inventor, if any \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name sixth joint, inventor, if any \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name seventh joint inventor, if any \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name eighth joint, inventor, if any \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_